OUCARES FALL 2020 Participant Information Form

This form is required for ALL NEW OUCARES participants & ALL Social Skills participants.

This is a 2-page form. Please complete the entire form.

Participant Name:_____ **Date of Birth:**_____

Medical Needs or Concerns:

_____

_____

Allergies:_____

Assistance

☐ Yes, participant will need one on one assistance.*
☐ No, participant will need minimal assistance.
☐ Unsure at this time, please evaluate need for assistance.*
* For those needing one on one assistance, a parent/relative may be needed to provide assistance.

Communication

☐ Verbal ☐ Minimal Vocabulary ☐ Non-verbal ☐ Sign Language
☐ I-PAD ☐ Other: _____

Mobility

☐ Ambulatory ☐ Uses Wheelchair ☐ Uses Walker ☐ Other: _____

PLEASE CIRCLE:

Response options: 2= usually 1= sometimes or partially 0= never

A. Comprehension			
1. Listens to and understands spoken instructions	2	1	0
2. Follows instructions in "if-then" form (i.e. if you want to play, then put away your books)	2	1	0
3. Listens to a story for at least 15 minutes.	2	1	0
4. Follows directions or instructions heard 5 minutes before.	2	1	0
5. Familiar with or uses picture schedules.	2	1	0
6. Benefits from having pictures available to understand directions.	2	1	0
B. Communication			
7. Uses sign language.	2	1	0
8. Uses Picture Exchange Communication System (PECS).	2	1	0
9. Uses iPAD for communication purposes.	2	1	0
10. Says at least 100 recognizable words.	2	1	0
11. Uses gestures to communicate.	2	1	0
12. Pronounces words clearly.	2	1	0
13. Tells about experiences in detail (i.e. tells who was involved, where activity took place, etc.)	2	1	0
C. Self Care			
14. Is toilet-trained and will tell an adult when they need to use the restroom.	2	1	0
15. Cleans or wipes hands and face during or after meals.	2	1	0
16. Seeks medical help when needed (i.e. recognizes own feelings of pain, discomfort or illness)	2	1	0
17. Follows directions for special diet or medications.	2	1	0
18. Has eating difficulties (eats too fast or too slowly, overeats, refuses to eat).	2	1	0
F. Gross Motor			
19. Runs smoothly without falling.	2	1	0
20. Climbs on and off high objects (i.e. jungle gym, slide ladder).	2	1	0
21. Catches tennis or baseball-sized ball, moving to catch if necessary.	2	1	0

D. Relating To Others			
22. Makes or tries to make social contact.	2	1	0
23. Recognizes the likes and dislikes of others.	2	1	0
24. Keeps comfortable distance between self and others in social situations.	2	1	0
25. Conscious of avoiding rude or embarrassing comments in public.	2	1	0
26. Plays cooperatively with one or more children for more than 5 minutes.	2	1	0
27. Shows good sportsmanship, follows rules, is not overly aggressive, does not get mad when losing	2	1	0
28. Responds appropriately to reasonable changes in routine.	2	1	0
29. Chooses not to taunt, tease or bully.	2	1	0
30. Is overly dependent (clings to caregiver, teacher).	2	1	0
31. Avoids others and prefers to be alone.	2	1	0
E. Behavior			
32. Chooses to avoid/is fearful of dangerous or risky situations.	2	1	0
33. Controls anger when he or she does not get his or her way.	2	1	0
34. Gets anxious or nervous very easily	2	1	0
35. Is impulsive.	2	1	0
36. Wanders or runs away	2	1	0
37. Has temper tantrums in school/camp setting.	2	1	0
38. Is physically aggressive in school/ camp setting.	2	1	0
39. Is more active or restless than others of same age.	2	1	0
40. Swears	2	1	0
41. Very sensitive/uncomfortable with people touching him/her.	2	1	0
42. Displays behaviors that cause injury to self and or others.	2	1	0
43. Destroys others or own possessions on purpose.	2	1	0
44. Is fearful of ordinary sounds, objects or situations.	2	1	0
45. Has tics (i.e. involuntary blinking, twitching, head shaking, etc.)	2	1	0
46. Has pica behaviors (eats nonedible items/objects)	2	1	0
G. Fine Motor			
47. Holds a pen, pencil, marker, or paintbrush appropriately.	2	1	0
48. Cuts out simple shapes.	2	1	0
49. Ties shoes securely.	2	1	0
50. Zips or fastens clothes when changing or using the restroom	2	1	0

51. What type of educational program (if any) is your child currently enrolled, and what type of support does your child receive in the program: _____

_____

52. Please list anything that motivates your child:_____

_____

53. Please list anything else that you feel the instructors should know: _____

_____

54. Please list any supports your child will need to be successful in our programs: _____

_____

Participant Name: _____

Person completing form: _____ **Date:** _____

\